



PTO/SB/50 (4/98)

Approved for use through 9/30/2000. OMB 0651-00330

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REISSUE PATENT APPLICATION TRANSMITTAL

Assistant Commissioner of Patents Box Patent Application Washington, DC 20231 LICATION FOR REISSUE OF: (check applicable box) APPLICATION ELEMENTS * Fee Transmittal Form (PTO/SB/56) (Submit an original and a duplicate for fee processing) Specification and Claims (amended, if appropriate)	ACCOMPA 7. S Foreign Priority Cla (if applicable)	12967-002001 Tomohiro Kawase et al 6,007,622 December 28, 1999 EH956371007 					
Assistant Commissioner of Faterits Box Patent Application Washington, DC 20231 LICATION FOR REISSUE OF: (check applicable box) APPLICATION ELEMENTS **Fee Transmittal Form (PTO/SB/56) **Commissional and a duplicate for fee processing)	Original Patent Number Original Patent Issue Date Express Mail Label No. ty Patent ACCOMPA 7. Seriegn Priority Cla (if applicable)	6,007,622 December 28, 1999 EH956371007 sign Patent					
Assistant Commissioner of Faterits Box Patent Application Washington, DC 20231 LICATION FOR REISSUE OF: (check applicable box) APPLICATION ELEMENTS **Fee Transmittal Form (PTO/SB/56) **Commissional and a duplicate for fee processing)	Original Patent Issue Date Express Mail Label No. ty Patent Des ACCOMPA 7. Soreign Priority Cla (if applicable)	December 28, 1999 EH956371007 sign Patent					
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J Specification and Gramme (Statement (IDS)/PT	(if applicable) 8. ☑ Information Disclosure ☑ Copies of IDS Citations Statement (IDS)/PTO-1449					
Drawing(s) (Proposed amendments. if appropriate)	9. ☐ English Translation (if applicable)	n of Reissue Oath/Declaration					
Reissue Oath / Declaration (original or copy)	10. * Small Entity Statement(s) (PTO/SB/09-12)	 Statement filed in prior application. status still proper and desired 					
	11. ☐ Preliminary Amer	ndment					
Original U.S. Patent Offer to surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)	12 Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
☐ Ribboned Original Patent Grant ☐ Affidavit / Declaration of Loss (PTO/SB/55)	13.						
Original U.S. Patent currently assigned? ☑ Yes ☐ No Yes, check applicable box(es))] Written Consent of all Assignees (PTO/SB/53 or 54)] 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney		IN ORDER TO BE ENTITLED TO PAY A SMALL ENTITY STATEMENT IS § 1.27). except if one filed in a prior on (37 C.F.R. § 1.28)					
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Name John B. Pegram Fish & Richardson P.C.							
45 Rockefeller Plaza, Suite 2000							
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City New York State	NY (212) 765-5070	Fax (212) 258-2291					
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REISSUE APPLICATION FEE TRANSMITTAL FORM						DOCKET NUMBER (Optional) 12967-002001						
			Claims a	as Filed – Part	1		33200					
Claims in Patent			Number Filed in Reissue Application	(3) Number Extra	Small E	Entity		Other than a Small Entity				
(1)			100	***	Rate	Fee		Rate	Fee			
(A) 22	Total Claims (37 CFR 1.16(j))		B) 183 Mult. Dep)	161 =	x \$=			× \$ <u>18</u> =	2,898.00			
(C) 1	Independent Claims (37 CFR 1.16(i))		D) 3	2 =	x \$=		or	× 3 <u>80</u> =	270.00 160.00			
		s 710.00										
Total Filing Fee							OR 4,038.00					
Claims as Amended – Part 2												
,,,,,	(1) Claims Remaining		(2) Highest Number	(3) Extra Claims	Small E	Entity		Other than	a Small Entity			
T	After Amendment		Previously Paid For	Present	Rate	Fee		Rate	Fee			
Total Claims (37 CFR 1.16(j))	3	MINUS		* =	x \$=		or	x \$=				
Independent Claims (37 CFR 1.16(i))		MINUS	****	=	× \$=			x \$=				
	Total Additional Fee								•			
If the entry in (D) is less than the entry in (C), write "0" in column 3.												
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🔀 A check i	n the amount of \$ 4,0	38. to	Cover the filing/addition	nal fee is enclosed	١.							
April	3, 2001 Date			nature of Applicar	nt. Attorney o	or Agent o	of Rec	ord				
	Typed or Printed Name											

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